

Washington

**NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS
FEE CALCULATION SHEET WITH YOUR RESPONSE.**

APPLICATION NUMBER: _____

Total Fee Calculation

<u>Fee Code</u>	<u>Total # Claims</u>	<u>Number Extra</u>	<u>X</u>	<u>Fee</u>	<u>Fee =</u>	<u>Total</u>
Basic Filing Fee	<u>201/101</u>					<u>790</u>
Total Claims >20	<u>203/103</u>	<u>6</u>	-20 =	<u>X</u>		
Independent Claims >3	<u>202/102</u>	<u>1</u>	-3 =	<u>X</u>		
Multi. Dep. Claim Present	<u>204/104</u>					<u>130</u>
Surcharge	<u>205/105</u>					<u>5</u>
English Translation	<u>139</u>					<u>920</u>

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 920

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 920

M. Gordon

Office of Initial Patent Examination

Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	6 minus 20 = *	*
INDEPENDENT CLAIMS	7 minus 3 = *	*
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR
OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
	395.00		790.00
x\$11=		x\$22=	
x41=		x82=	
+135=		+270=	
TOTAL		TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x41=		x82=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

ADDITIONAL FEE

OR
ADDITIONAL FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

ADDITIONAL FEE

OR
ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

ADDITIONAL FEE

OR
ADDITIONAL FEE

Best Available Copy